

Department of Workforce Services
LIFELINE ASSISTANCE PROGRAM APPLICATION
UTAH TELEPHONE ASSISTANCE PROGRAM (UTAP)



Office use only

Approved: _____

Denied: _____

NLAD: _____

Termination: _____

Applicant Information (please print in black ink)

Please indicate which phone company provides the UTAP discount for your land line:

- | | | |
|--|--|--|
| <input type="checkbox"/> All West Communications | <input type="checkbox"/> CenturyLink (Qwest Corp.) | <input type="checkbox"/> Navajo Comm. Co. |
| <input type="checkbox"/> Bear Lake Communications | <input type="checkbox"/> Direct Communications | <input type="checkbox"/> Skyline Telecom |
| <input type="checkbox"/> Beehive Telephone | <input type="checkbox"/> Emery Telcom | <input type="checkbox"/> South-Central Utah Telephone Association |
| <input type="checkbox"/> Carbon/Emery Telcom | <input type="checkbox"/> Gunnison Telephone | <input type="checkbox"/> UBTA-UBET Communications, (Strata Networks) |
| <input type="checkbox"/> Central Utah Telephone | <input type="checkbox"/> Hanksville Telcom | <input type="checkbox"/> Union Telephone |
| <input type="checkbox"/> Citizens (Frontier) Telecom Co. | <input type="checkbox"/> Manti Telephone Company | |

Telephone land line number and area code for UTAP Discount: (____) _____

Name (full legal name required): _____

Social Security number: ____ - ____ - ____ Date of Birth (e.g. 06/05/1945): _____

Account holder if different than applicant above (Full first and last name required): _____

Relationship to applicant: _____

Residential address (location of phone service): _____ City: _____ State: _____ Zip code: _____

☐ Temporary address ☐ Permanent address

Billing address: _____ City: _____ State: _____ Zip code: _____

Household size (required) how many household individuals reside in the home: _____

Please fill out either **Table 1** if you participate in any of the programs or **Table 2** if your income qualifies. (**original documents are not returned**)

Table 1 - I certify that I participate in at least one of the following programs: (include photocopy of documentation)

- | | |
|--|---|
| <input type="checkbox"/> Home Energy Assistance Target (HEAT/HELP) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (not reduced) |
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Federal Public Housing Assistance (including Section 8) | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> Refugee assistance | <input type="checkbox"/> Head Start (income qualification standard only) |

Program participant name (full legal name): _____

Date of birth (e.g. 06/05/1945): _____ Social Security number: ____ - ____ - ____

____ (Please initial) I certify that this program participant is a member of my household.

Table 2 - I certify that my total household income falls within the 135% Federal Poverty Guideline: (include photocopy of documentation)

- | | |
|--|--|
| <input type="checkbox"/> Prior Year State and Federal Tax Return | <input type="checkbox"/> Divorce decree |
| <input type="checkbox"/> Current Income statement from an employer | <input type="checkbox"/> Retirement/pension statement of benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Veterans Administration statement of benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Other official document containing income information |

135% Federal Poverty Guideline Income Chart:	Add \$456.75 a month for each additional member	Household Size	Monthly Income	Household Size	Monthly Income
		1	\$1,312.88	3	\$2,226.38
		2	\$1,769.63	4	\$2,683.13

Household composition: In addition to yourself, are there individuals living at your address who are part of the household? This could include your spouse, domestic partner, an adult relative, dependent children, or a roommate (please list everyone in the household.)

Full Name	Social Security Number	Date of Birth	Relationship

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240.
Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

Please read the following important information about the Lifeline Program before you sign below:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wire line (land line) providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potential prosecution by the U.S. government or state government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I certify, under penalty of perjury that:

(please read and initial the following)

- _____ 1. Qualifiers: My household meets the following income-based or program-based eligibility criteria for receiving Lifeline assistance.
- a) Program Eligibility: I, or one or more of my dependents, or my household receive benefits from one of qualifying programs as listed on page 1; **Or**
 - b) Income: My household income as defined under the income guidelines section on page 1 is at or below 135% of the Federal Employee Poverty Guidelines for a household of that size as listed on page 1; **Or**
 - c) **If** I live on Tribal lands including any federally recognized Indian Tribe's reservation, pueblo, or colony, or any land designated as such by the Federal Communications Commission for purposes of Lifeline assistance and I qualify under one of the above low income qualifications or I, one or more of my dependents, or my household participates in one of the following Tribal-specific federal assistance programs; Bureau of Indian Affairs general assistance; Tribally administered Temporary Assistance for Needy Families; Head Start (only those households meeting its income qualifying standard); or Food Distribution Program on Indian Reservations; **And**
 - d) No one in my household is already receiving a Lifeline service.
- _____ 2. I must notify Utah Telephone Assistance Program (UTAP) and my telecommunication carrier within 30 days if for any reason my household no longer satisfies the criteria for receiving the Lifeline benefit. This includes:
- My household no longer meets the income-based or program-based criteria for receiving Lifeline benefit;
 - I am receiving more than one Lifeline benefit; or,
 - Another member of my household is receiving a Lifeline benefit.
- _____ 3. I certify that **if** I am seeking to qualify for the Lifeline benefit as an eligible resident of Tribal lands my household lives on federally recognized Indian Tribe's as defined in 1c) above. (If Not Applicable, enter NA)
- _____ 4. I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide my new address.
- _____ 5. I understand that if I provided a temporary residential address that I will be required to verify my temporary residence address every 90 days with the UTAP office. (If Not Applicable, enter NA)
- _____ 6. I certify that my household will only receive one Lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline benefit.
- _____ 7. I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- _____ 8. I understand and acknowledge that I may be required to re-certify my household's eligibility for Lifeline benefits at any time, and failure to do so will result in de-enrollment and the termination of my household's Lifeline benefit.
- _____ 9. I understand that if my application is denied, I have the right to a fair hearing, and that I will send a written notification of request for a fair hearing within 10 days after receiving the denial notification. Fair hearing requests are to be mailed to Division of Public Utilities, 160 East 300 South, 4th Floor, Salt Lake City, UT 84111.
- _____ 10. I understand and consent to the Department of Workforce Services (UTAP) and/or my telecommunication carrier to providing my information, including but not limited to, my name, residential address, phone number, date of birth, social security number, the date on which my Lifeline benefit was initiated/terminated, the amount of Lifeline benefit provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database, and any state agency for official business to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, my Lifeline benefit will be discontinued.
- _____ 11. I understand that if there are more than one person in the household I will complete the HOUSEHOLD COMPOSITION and provide all the necessary information or my application can be denied.
- _____ 12. I understand that my Lifeline benefit is non-transferable. I may not transfer my benefit to any individual, including a family member, roommate, or other eligible low-income consumer.
- _____ 13. I understand that I am responsible to repay the difference between the discounted and regular price if I am not eligible for the Lifeline benefit and have been receiving the benefit during an ineligible period.
- _____ 14. I certify that the information contained in this certification form is true and correct to the best of my knowledge.

Certification

- A. _____ I certify that I live at an address occupied by multiple households (a household is defined as a group of individuals who live together, at the same address and share income and expenses). (NA if this does not apply)
- B. _____ I understand that violation of the one-per-household requirement is against the Fed. Communication Commission's rules and may result in loss of benefits and potentially prosecution by the U.S. government.

Lifeline Assistance Applicant Signature

Date

After completing this form, please mail the completed application and any supporting documents to (original documents are not returned):
Department of Workforce Services
Utah Telephone Assistance Program (UTAP) Recertification • PO BOX 147140 • Salt Lake City, UT 84114
Toll Free, 1-800-948-7540 or 801 526-9272